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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLA	TOR INFORMATION	
Name		Office:
String Dostre		☐ House ☐ Senate
Mailing address	A security of the security of	District
674 Sabattus Rd City, zip code Sabattus, ME 04280		15
City, zip code	том не в при	Phone
Sabattus, ME 04280		375-8809
		0,72
PART 1. INCOME DERIVED	FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom you economic activity of each employer.	received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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PART 2. INCOME DERIV	VED FROM SELF-EMPLOYMEN	T
(For Legislators	who are self-employed.)	the second second second
A. List the name and address of your business, if any, and list associated with a partnership, firm, professional association, of entity.	t the major areas of economic activity or similar business entity, list the majo	from which you derived income. If or areas of economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar
w Docin Wilder Commission	< ol j	business entity)
Name: Design Matters Creative Sew. LLC		advertising/ Marketing
Address:	•	markenng
Name:		
Address:		
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	PART 2 (continued). INCOME DERI (For Legislators who a		
greater, and specify the disclosure is prohibited	income derived from self-employment that represe principal type of economic activity of the entile by law, rule, or an established code of profession the income was derived.	sents more than 10% of your gross inc ty or person from whom you derived s anal ethics, specify only the principal type	such income. If this form of be of economic activity of the
	Name and Address of Source	Activi	incipal Type of Economic ty of Entity or Person Who is ne Source of the Income
A COMPANY OF A STATE O	and the second of the second o	en e	No. of the Control of
Name:			
Address:		ermonente, sint come emmentamente, excession el disco el resisti e e escreta ambientas meno americano el resis	in November (1970) (1970) (1970) (1970) (1970) (1970) (1970) (1970) (1970) (1970) (1970) (1970) (1970) (1970)
Name:		· !	
Address:	•		
The color particle is a factor of the color	PART 3. MAJOR ARE (For Legislators who are a	ttorneys-at-law only.)	
List your major areas of	f practice. If associated with a law firm, list the m	and the engineering areas are as a second contract of the engineering and the engineering areas are an engineering and the engineering areas are a second contract of the engineering areas.	e i militari iliyah mendarah 1996 hajaran sada di nashe saga sadan sasan medilin bermili
	Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
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Address:			· · · · · · · · · · · · · · · · · · ·
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List each source of inco	The setting of the property of the setting of the s	of the waterwest are and the characters of a contract	
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Name: Address: Name: Address: List the names of credit areas of economic activity	PART 5. REPORTAE tors for any unsecured loans of \$3,000 or more ity of each creditor. Do not list credit card liability	BLE LIABILITIES e that you received during the reporting or loans from a relative. If none, check	Kind of Income vestments, leases, etc.) g period, and list the major k the box.
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PART 6.	REPORTABLE GIFTS
List the specific source of each gift of more than \$300. Incluinone, check the box.	ude gifts with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift	Name of Source of Gift
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PART 7. RE	EPORTABLE HONORARIA
	speeches related to your legislative responsibilities. If none, check the box.
The state of the s	appendict related to your registrative responsibilities. It have, order and box.
Name of Source of Honoraria	Name of Source of Honoraria
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2.	4.
PART & REPRESENT	ATION BEFORE STATE AGENCIES
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☐ None	Province To the Control of the Contr
Name of Agency	Name of Agency
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List each executive branch agency to which you or a membe \$1,000 during the reporting period. If none, check the box.	er of your immediate family sold goods or services with a value in excess of
None	The state of the s
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 10. INCOME RECEIVE	D BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	of income of \$1,000 or more received by your spouse or domestic partner or of income represented. If your spouse or domestic partner received \$1,000 nclude gifts.
Name of Spouse or Domestic Partner and Job Title	
	Type of Economic Activity Representing Source of Relationship Kind of Income Income Received
Name: The age. Nastire	Representing Source of Relationship Kind of Income Income Received
Name: Thomas Dostir	Representing Source of Income Received 1. Spouse or Domestic 2. Kind of Income 1. Employment 2. Language Kind of Income 2. Language Kind of Income 2. Language 3. Language 4. Language 2. Language 3. Language 4. Language 4. Language 4. Language 5. Language 6. Language 7. Language 7. Language 8. Language 9. Language 9. Language 9. Language 1. Language 9. Language 9. Language 9. Language 9. Language 1. Language 9. Lang
Name: Thomas Dostie Job Title: Sr. Ne twork Engineer	Representing Source of Relationship Kind of Income Income Received 1. Spouse or
Job Title:	Representing Source of Income Received 1. Spouse or Domestic 2.
Name: Thomas Dostie Job Title: Sr. Ne twork Engineer St. Manys Hospital If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	Representing Source of Income Received 1. Spouse or Domestic Partner 3. Dependent Kind of Income Lambdayment 2. Spouse or Domestic 2. 3. Dependent

PART 11 OF	FICER OR DIRECTOR I	POSITIONS		· · · · · · · · · · · · · · · · · · ·
List any for-profit or nonprofit corporation, firm, associatio any office, trusteeship, directorship, or position of any nat was compensated. If a family member listed, indicate you	n, partnership or business in ture. Indicate whether you o	n which you or a me or a family held the p	osition and whether	ate family held the position
☐ None				
Organization/Business and Address	Title	Position Held	Family Member's Name	Compen- sated?
and Address		By:	I l	Saleut
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A Legislator who willfully fails to file a required stater. The intentional filing of a false statement is a Class I willfully filed a false statement, it shall refer its finding. Signature	E crime. If the Commissi	on concludes tha General. (1 M.R.s	t it appears that a L	
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Please provide any additional information below (an the information you are providing.		<u> </u>	e the part or section	n number for
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